

Cataract Surgery: Is equity improving for Aboriginal and Torres Strait Islander Australians?

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Background

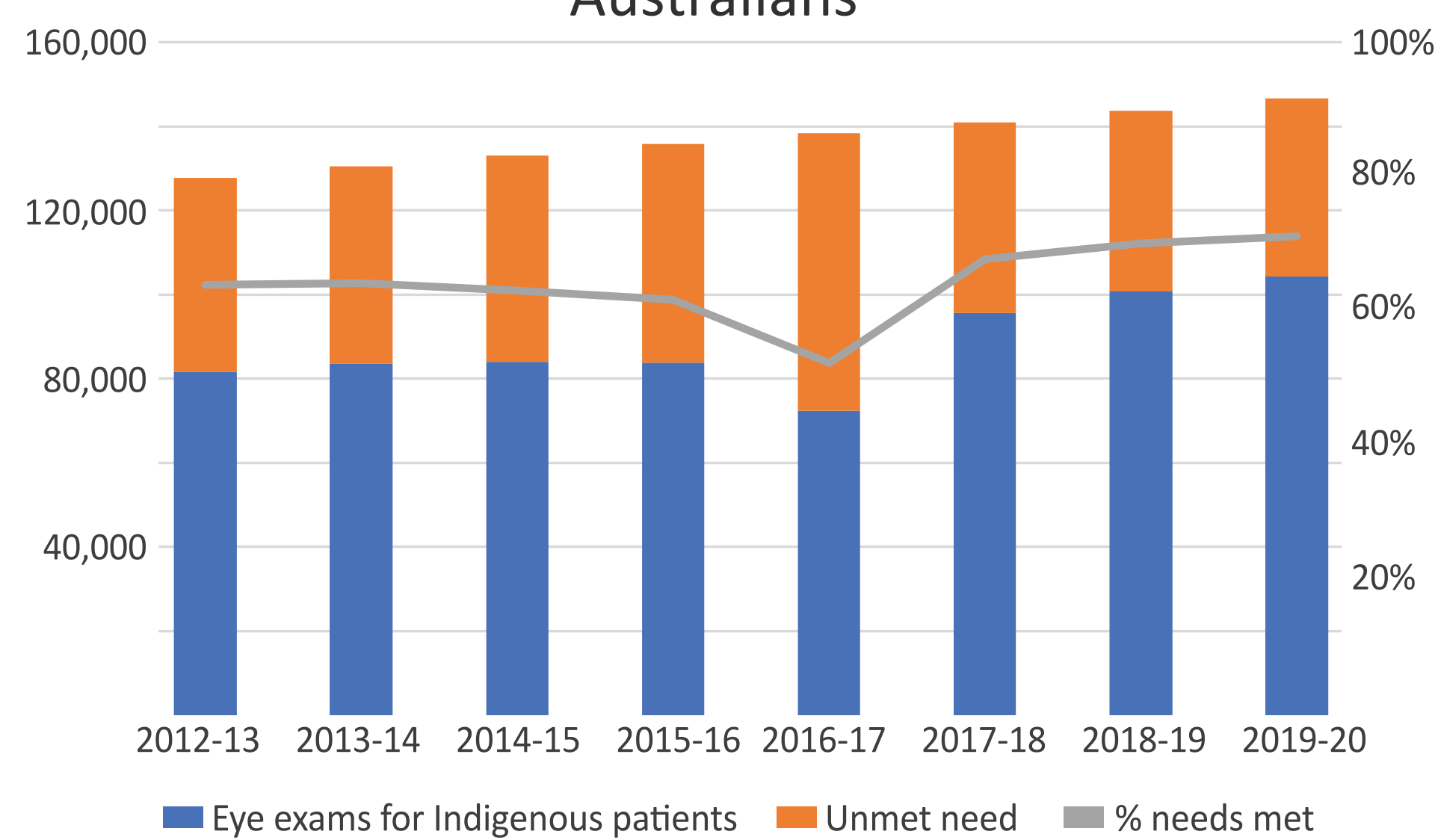
Cataract is consistently identified as one of the three most significant causes of vision loss and blindness for Aboriginal and Torres Strait Islander Australians.^{1 2}

This poster examines publicly available data over the past 10 years, corresponding with the implementation period of the Roadmap to Close the Gap for Vision (2012)³ to examine the question: is cataract surgery equity improving?

This poster uses raw numbers rather than age-standardised rates, except where noted. AIHW⁴ age-standardised analysis rates still show an equity gap, with 8,519 surgeries per million (age standardised) compared with 9,102 per million for non-Indigenous Australians. Needs estimation relies on prevalence rates initially calculated from the outcomes of the 2008 National Indigenous Eye Health Survey.

Eye exams

Eye exams for Aboriginal and Torres Strait Islander Australians

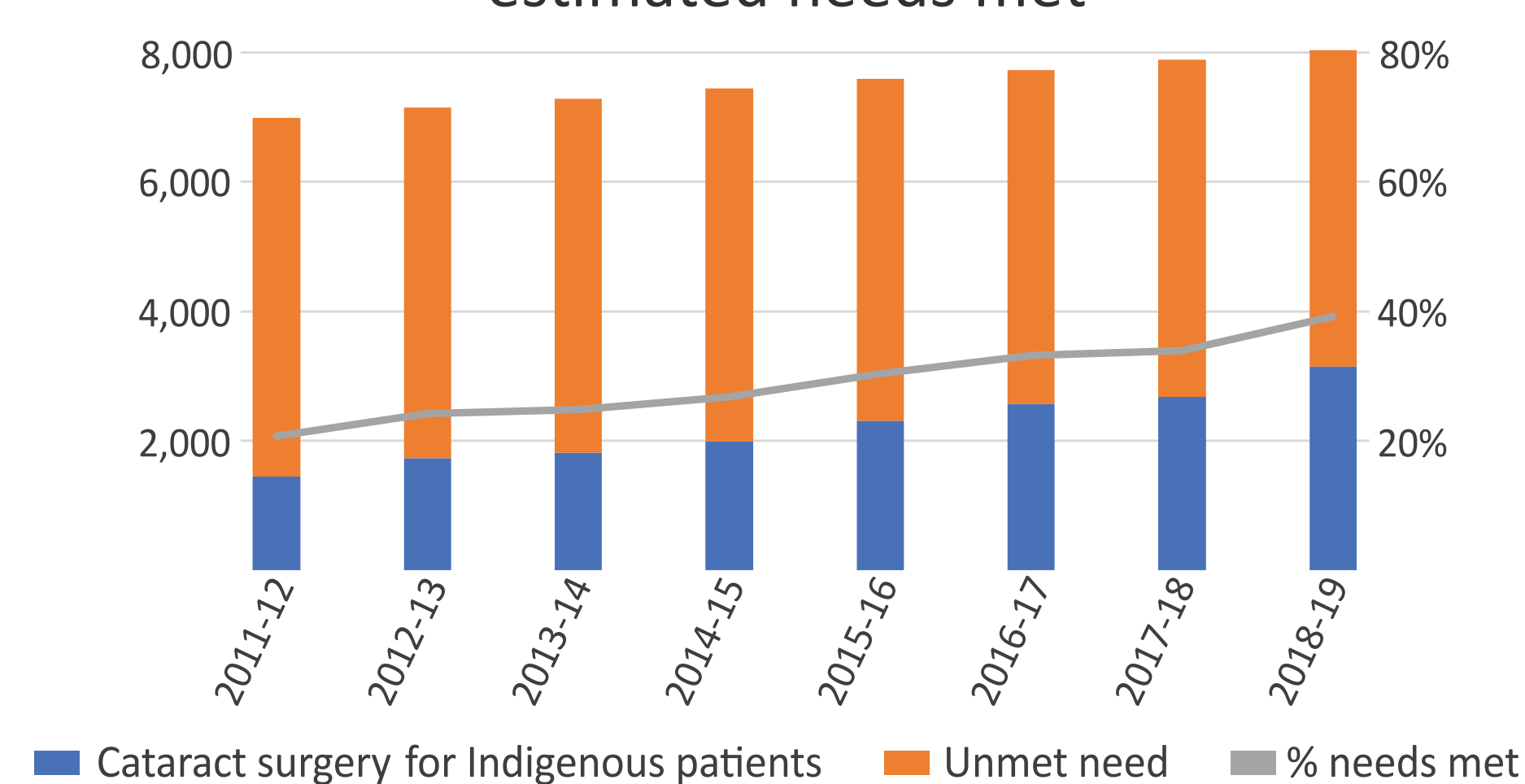


Data sources:^{4 5 6} 2016-17 data doesn't include children under 15 (these would likely add another 12,000-16,000 examinations).

Eye examinations for Aboriginal and Torres Strait Islander Australians increased during this period, reaching about 71% of estimated need in 2019-20.

Cataract surgery delivered

Cataract surgery for Indigenous patients: estimated needs met

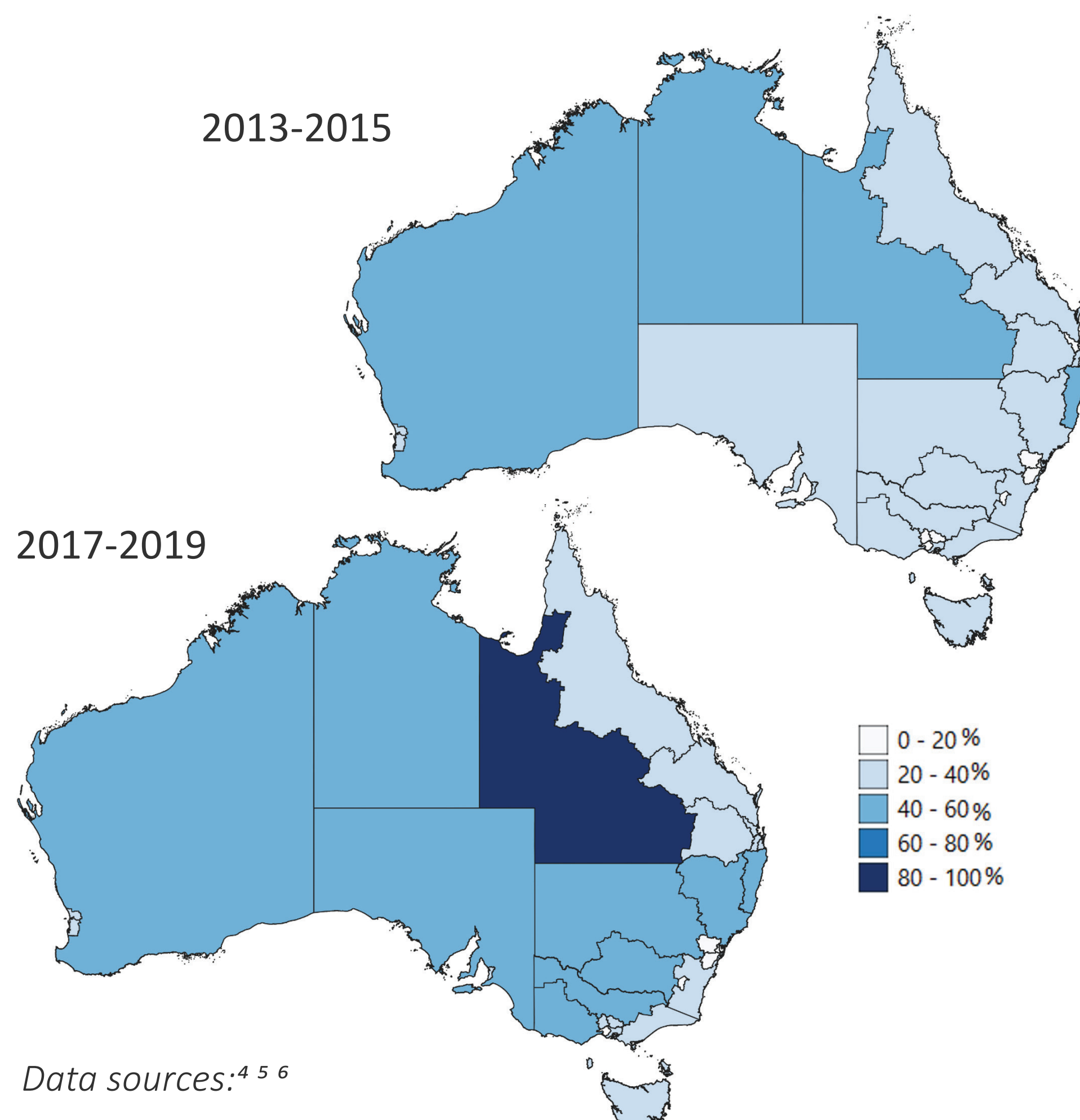


Data sources:^{4 5 6}

Cataract surgery rates for Aboriginal and Torres Strait Islander patients also increased during this period, reaching about 39% of estimated need in 2018-19.

Where have changes occurred?

Cataract surgery for Aboriginal and Torres Strait Islander Patients, by PHN - % of needs met

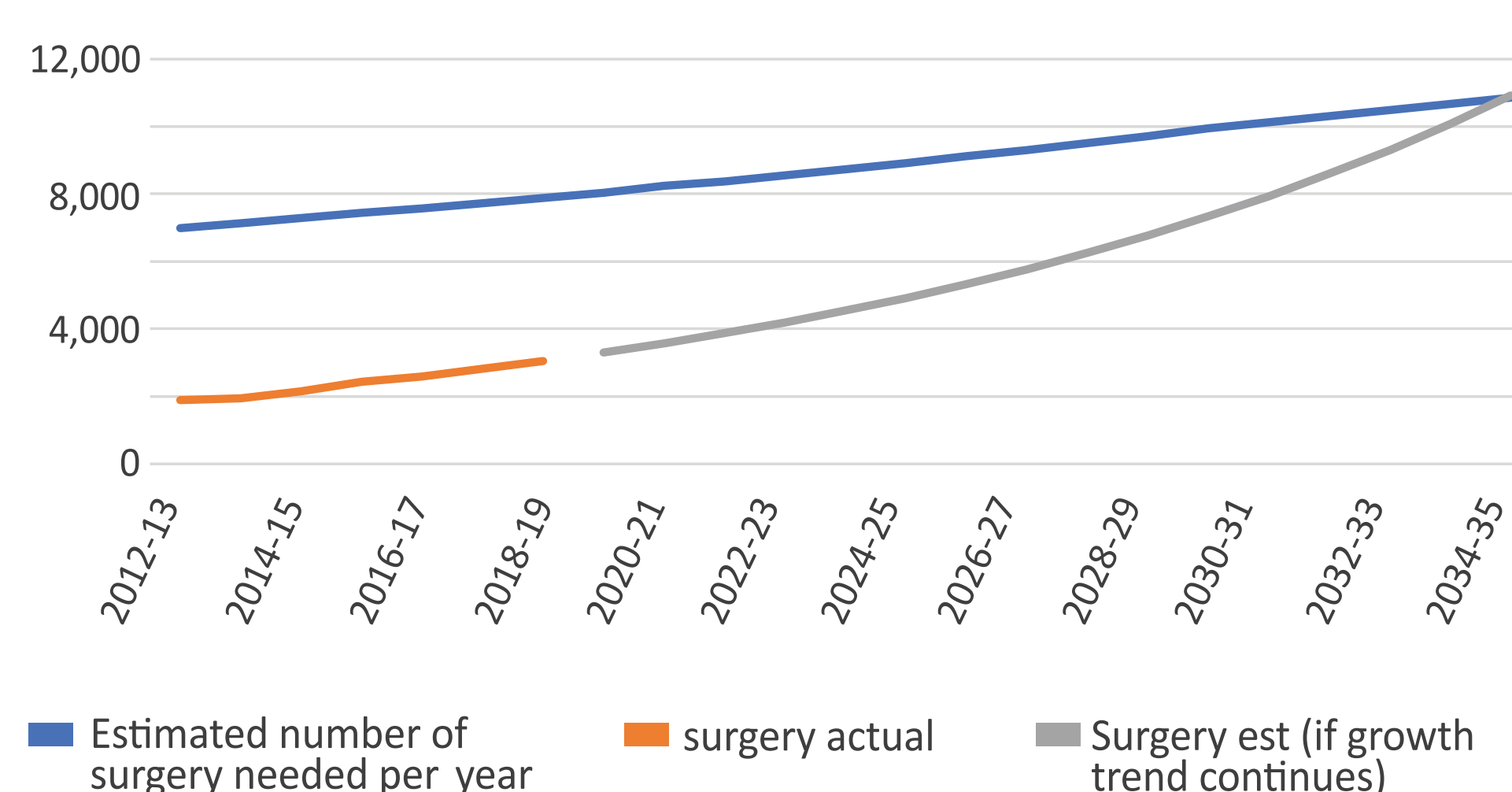


Data sources:^{4 5 6}

Of 31 PHNs, 29 recorded a positive increase in the proportion of estimated needs met for cataract surgery, from 2013-15 to 2017-19.

Current projection for meeting population needs

Progression of current trend: estimated need and surgery if current growth trend continues



Data sources:^{4 5 6} Updated population census estimate for 2021 shows a larger population by about 10.7%,⁷ suggesting it will likely take an even longer period to meet population need.

Available data^{4 8 9} on cataract surgery delivered for Aboriginal and Torres Strait Islander Australians shows an average annual growth rate of 8.3%, compared with 2.6% growth for whole of population for the same period.

While a growth rate of 8.3% appears encouraging, if this rate continues, we expect population based needs to only be met by 2034-35 at the earliest.

Cultural safety of cataract surgery

Creating culturally safe health services is at the core of efforts to improve access and outcomes. Cultural safety requires ongoing critical reflection, engagement with the Aboriginal and Torres Strait Islander health sector, and to follow the leadership set by Aboriginal and Torres Strait Islander communities and organisations.¹⁰

AIHW offers a Cultural safety in health care for Indigenous Australians: monitoring framework¹¹ examines workforce participation rate; access to services; and patient satisfaction.

Analysis of AHPRA data suggests that eye health has some of the lowest rates of Aboriginal and Torres Strait Islander professionals in healthcare, in both optometry (8/6043, population parity=193) and ophthalmology (1/1049, population parity=35).¹³

Patient satisfaction data specific to eye care is lacking, and eye care is not included in the ABS National Aboriginal and Torres Strait Islander Health Survey.¹⁴

Less than a quarter of non-Indigenous member organisations of sector peak body Vision 2020 Australia (10/42, or 23.8%) have current Reconciliation Action Plans in place.¹² Eye-care specific patient identification ('Asking the Question') support materials are available,¹⁵ but rates of use are not known.

Cultural safety across public and private ophthalmology varies greatly, and we are lacking an appropriate framework to document and measure this.

Abbreviated reference list: 1. University of Melbourne and CERA 2008; 2. CERA and Vision 2020 Australia 2016; 3. IEHU 2012; 4. AIHW 2016-2021; 5. ABS 2019a; 6. IEHU Calculator; 7. ABS 2022; 8. AIHW 2022a; 9. Services Australia 2022; 10. AHPRA 2021; 11. AIHW 2022b; 12. Reconciliation Australia 2022; 13. AHPRA and National Boards 2021; 14. ABS 2019b; 15. IEHU, 2019, 16. AIHW 2022c. For full references: ggillor@unimelb.edu.au

Abbreviations: ABS – Australian Bureau of Statistics; AHPRA - Australian Health Practitioner Regulation Agency; AIHW – Australian Institute of Health and Welfare; CERA – Centre of Eye Research Australia; IEH – Indigenous Eye Health Unit. Poster prepared by Rachael Ferguson, IEHU.

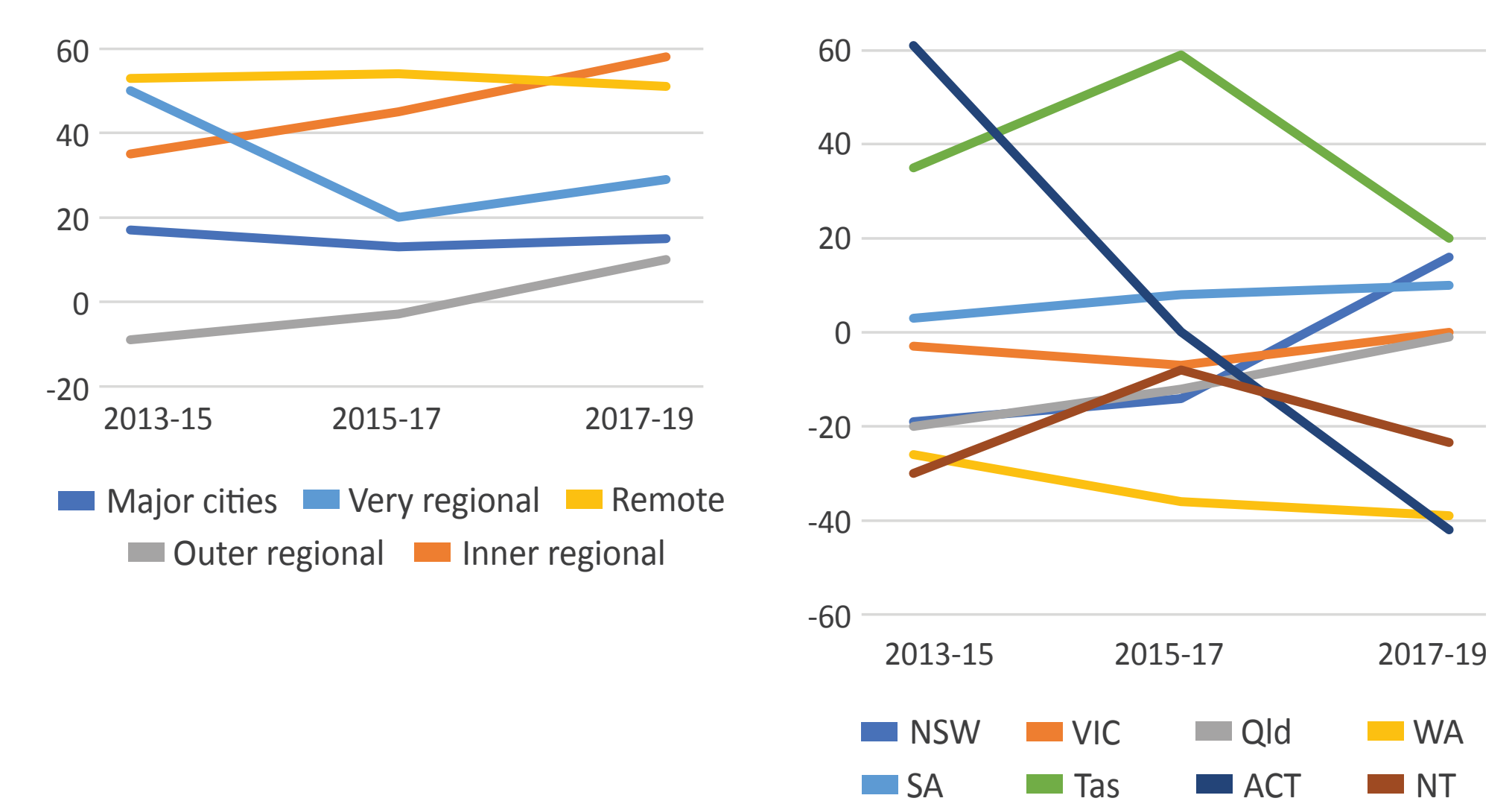
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Conclusions

- Access to eye examinations has improved much more significantly than access to cataract surgery (72% of exams needs met vs 39% of surgery). This suggests a particular 'leak' in the pathway from exam to surgery.
- Percentage of needs met is improving, but too slowly. In current growth rate it will take well over a decade for needs to be met. This is unacceptable, and completely out of line with existing strategic goals and government commitments.
- Much higher reliance in the public system means that current drift of surgery into private, coupled with persisting inequity in waiting times, is likely to have a compounding impact on access to cataract surgery for Aboriginal and Torres Strait Islander Australians.
- While the need for culturally safe care is now clearly established, we are lacking a consistent framework to monitor and ensure cultural safety in access to cataract surgery.

Wait times equity

Difference in median (days) wait times for cataract surgery, by remoteness category and State/ Territory

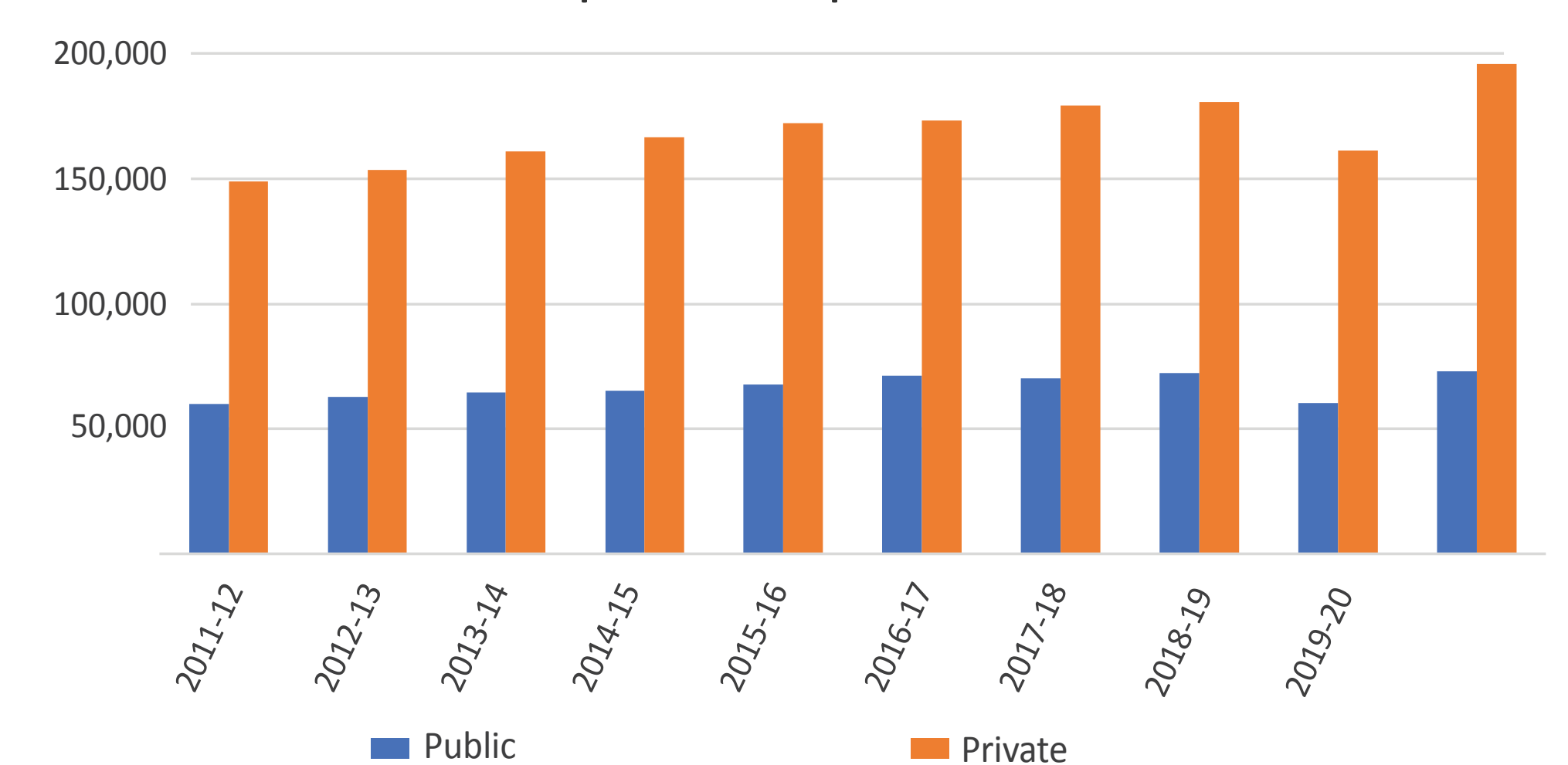


Data sources:^{4 5 6} Wait times data includes public hospitals only, and wait from consultation to surgery only.

Wait times equity varies greatly across jurisdictions and remoteness. Access inequity is compounded by a greater reliance in the public system.

Cataract surgery in private

Cataract surgery in Australia 2011-2021: public vs private



Data sources:^{4 5 6}

Any reduction in the rate of cataract surgery performed in public is likely to disproportionately impact Indigenous patients, given 65% reliance in public for elective surgery in 2020/21 (based on age standardised data¹⁶), compared with 32% for other Australians.

This means the shift towards private cataract surgery is disproportionately impacting Aboriginal and Torres Strait Islander Australians.